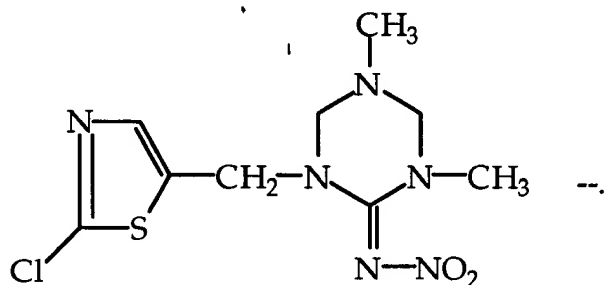


Page 7, first row of formulas, second formula in that row, delete and substitute:

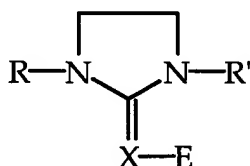


IN THE CLAIMS:

Please add the following new claims:

~~17.~~ A method for non-systemically controlling a parasitic insect on a


human or animal, said method comprising contacting said parasitic insect with an effective amount therefor of a compound of the formula:



wherein

R represents pyridylmethyl or thiazolylmethyl, both of which are


optionally substituted by halogen or C<sub>1-4</sub>-alkyl;


 ~~R' represents hydrogen or C<sub>1-4</sub>-alkyl;~~

E represents NO<sub>2</sub> or CN; and

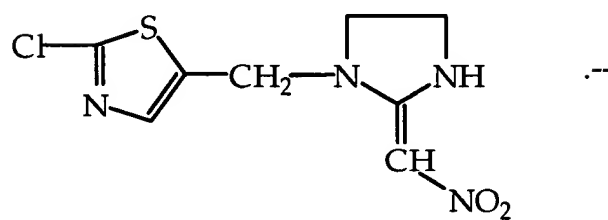
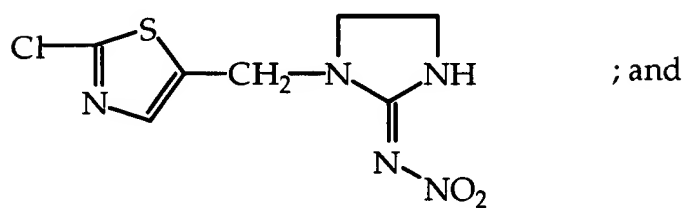
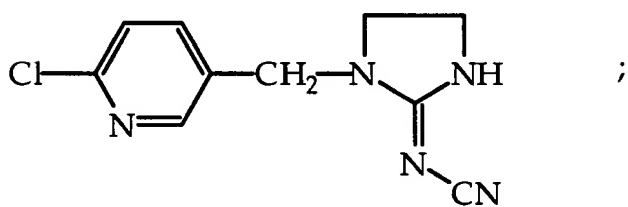
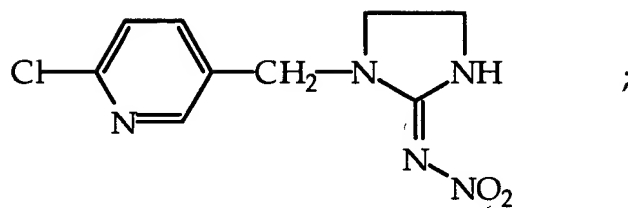
X represents CH or N;

wherein said contacting of said parasitic insect with said compound is effected by:

 a) topically applying said compound to the dermis of said human or animal; or

 b) contacting the dermis of said human or animal with an article containing said compound.--

~~2~~  
~~--18.~~ The method according to claim ~~17~~<sup>1</sup>, which comprises contacting said parasitic insect with a compound selected from the group consisting of those of the formula:



--19. The method according to claim 17, wherein the humans or animals are infested with fleas, lice or flies.--

--20. The method according to claim 17, wherein the compound is 1-

031  
00101  
[(6-chloro-3-pyridinyl)methyl]-N-nitro-2-imidazolidinium.--

Claims 15 and 16, fourth to third lines from the end of each, delete "or by administering said compound to the environment of said human or animal,".

Claim 16, second line after the formula, delete "thienylmethyl" and substitute -- thiazolylmethyl --.

CONDITIONAL PETITION FOR EXTENSION OF TIME

If any extension of time for this response is required, Applicants request that this be considered a petition therefor. Please charge the required petition fee to Deposit Account No. 02-1445.

ADDITIONAL FEE

Please charge any insufficiency of fees, or credit any excess to our Deposit Account No. 02-1445.

REMARKS

Applicants respectfully request reconsideration and allowance of this application in view of the amendments above and the following comments.